

WAITING ROOM FOR MEN AT PSYCHIATRY CENTER
FOR AFGHANS



WAITING?!

FROM MENTAL PEACE TO IMPAIRED MINDS

By Dr. M. Azam Dadfar*

There has been a lot of studies on the effects of war, compulsory migrations and accompanying conflicts of these experiences on the mental lives of survivors.

It has been studied that the massive traumas from catastrophe experience cause long-term psychological problems which have already affected the social and cultural standards of such communities.

This report on the psychological problems of Afghans (especially refugees) is based on our long work at Psychiatry Center for Afghans in Peshawar.

1- Psychosocial back-ground:

Before the April Coup of 1978, there were hardly 20 psychiatrist serving the mental problems of the whole country.

There was only one Psychiatric Hospital in Kabul University with 40 beds and no other active Mental-Health services.

The 80% population which lived in the rural areas, were not affected with psychological disorders like those existing in industrilized Countries. They were not subjected to stress disorders, anxiety disorders etc.

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*- Presentation at the Third International Seminar on Afghanistan in Oslo, September,28 - October,01 1989.

The existence of social harmony based on traditional heirarchy among group, tribes and villages, the Mosque as a important gattering place and family life offered mental peace for each individual, who felt secure and integrated under the shelter of his own collective power

There was no need for psychologists and psychiatrists except psychotic patients whether they were brought to the cities or to religious men.

The Social, political and economic relations of these groups was harmonized with the Capital(Center) through common codes and modes, Such as religion, cultural and historical values etc., especially the various ethnic tribes of Afghanistan in the path of their history and hard endeavours had succeded in accepting each other and taking each other into account, on the bases of their common interests.

The Center (Capital) was representative of different powers which demonstrated social and political coherence.

The eqilibrium of centralization and decentralization had given Afghanistan the characteristic of a nation state.

From ethnopsychiatric point of view the personality development of Afghans is related to their social codes and traditional customs of the concerned groups such as their common customs, games, heros, rivals etc.. As a child each Afghan learns from his parent about his group values the historical feats of his race and the bravery of his fore-fathers and common aims, and he receives cultural orientation from his family and his group. In this cultural orientation religion and traditional values constitute one of the important objects along the path of hospitality, respect, friendliness, bravery and faith.

The sense of belonging to a certain collective power (group) gives the individual the feeling of security, power-

fulness, thoughness and daring. Therefore the leanings of the individual remains tied and dependent on his traditional codes, and he thus represents and identifies his self with this values. On the other hand his dependency on his group makes him conservative and ethnocentric. Any attempt to destabilize the codes of the group or ethnic ideals will endanger his selfesteem and identity. Therefore he will resist and react and fight it off as if it were an enemy.

The identification of common enemy has always helped Afghans to maintain a cohessive sense of self and the enforrcement of self in his race, religion and nationalism made them invincible.

The April Coup of 1978 was a fearful shock which has led the Afghans to panic and ambivalance in all aspects. The small minority who were inwardly blind to inherent characteristic of their country, this Communist Party who were known as xenophilists and atheists came in to power through a military Coup and started oppression, repression with the purpose of imposing and legalizing their existance as new rulers.

The party relaying on the support of their big brother, ideological fanaticism and take over off the military system of the country had humiliated and endangered the selfesteem of each Afghan through the interoduction of state terrorism, general insecurity and savage killings and torture.

The cities plunged into silence, felt vulnerable(except for some sporadic reactions and Coup attempts, which are cruelly suffocated). But in rural areas the reaction was different, especially when the Communist government wanted to apply its new orders and laws by force and oppression, it provoked a storm of indignation against futile actions of the alien rulers, who wanted to eradicate and overthrow an old deeprooted historical inheritance and tradition, through killing and plundering.

The resistance which was manifested by the people of

Afghanistan constituted total rejection of Communists and xenophilists and has threatened to collapse the obstinate government.

But the Russians invaded Afghanistan (well known throughout the world). Russian intervention in Afghanistan backed by their destructive military advantages and concious imperial experiences, attacked the groups, destroyed their villages and created an atmosphere of panic and plunder in order to make them despair through the demonstration of their power?!.

This aggression which was direct trauma to the pride and selfesteem of each group and each Afghan, resulted in spotaneous uprising and collective impulsive aggression against the common enemy. While there was no real political institutions or representative symbole to externalize the resistance. It was struggle for existance and protection of self and eternity of groups, mainly with ethnocentric features, which have produced different protocol leaders to deal with emergency situations.

Whereas the technical and operational ability of a superpower was beyond the resistance capacity of the tribes (especially the combat brutalization of the invadors), they confused the ego and selfesteem of the group and the super-ego became more violent and independent.

The atrocities and cruelties of the invadors caused the people to leave and lose their love objects.

Note: More will be discussed on this aspect later.

2- Refugee Camp Syndrome:

According to different reliable sources the number of Afghan Refugees is more than five millions, of which more then three millions live in Pakistan. The condition of the mental life of these people constitutes one of most evident problems concerning the refugee population at present and also the possible repatriation and community rehabilitation in the future.

But the existance of the complicated political and social situation at present will bring more frustration and disintegration among Afghans.

I hope the following demographic information and the statistic of 38815 psychiatric cases, who came or were refered to our small Psychiatry Center for psychiatric assistance during the last two years (August 1987 - August 1989) gives a brief picture on psychological problems of the Afghans:

Demographic Information:

A- Working Point : Peshawar, Pakistan.
Psychiatry Center for Afghans, with 26 number of member staff.

B- Patients' country of origin: Afghanistan.

C- Ethnic origin : Pashtoons, Tajiks, Uzbeks, Turkmens, Noristani, Baloch and others.

D- Religion : All Muslem.

E- Rural/Urban back-ground : Both, but not tabulated.

F- Gender

	Number	Persentage %
Male :	24,773	63/80%
Female :	14,026	36/20%

G- Age	Number	Percentage %
0 - 18 :	4,593	11/80%
19 - 40 :	22,414	57/80%
41 - Over	11,808	30/40%

H- Duration of exile periods : One day - eleven years.

I- Socioeconomic conditions : Living in different refugee camps at different distances from Peshawar city 46% are reported to have lost one or more of their close family members.

J- Status : Mahajir(Refugee) and Mujahid, not tabulated.

K- Type of traumatic experiences and existance stressors are as follows:

Among persons over 18 years of age:

-- As a result of uprooting shock and prolonged stay in refugee camps along with conflicts arising from the feeling of lose of love objects, being jobless having no social initiative and seeking dependence securety-causes manifestation of catastrophe reactions, frustrations and injuried pride.

-- Leading a monotonous and non productive life with total dependency on the help of others, where there is limited chance for normal social competation causes damage to creativeness and lowered selfesteem. The aggressive behaviours and the inter personal and social skills impairments is one of the results of artificial community manifested by social withdrawal, hostility and qutodestructive tendencies (reflective aggression at their own friends and self).

-- Living under hope and fear conflects manifested by impairment of reality testing (combination of

exececcive frustration and satisfaction).

-- The intrussive recurrent recollections of multiple traumatic events from war, masacre, torture, existing problems of refugee status, and unknown future causes psychological dysfunctioning and breakdown syndrom, dominated by vulnerability survival guilt, hoplessness, passimism.

<u>Statistics</u>:

	Number	Percentage
I- Psychotic disorders:		
a- Senile - pre senile demontia	314	
b- Acute and sub-acute comfusional state	116	
c- Schizophrenic psychosis	980	5/35%
d- Affective psychotic disorders	413	
e- Paranoid state	255	
II- Non psychotic mental disorders: (Especially war related mental disorders)		
1- Post Traumatic Stress Disorders	6,855	
2- Anxiety disorders associated with emotional or behavioural disturbances and adjustment disorders	3,001	
3- Depression (except maniac depression) Depressive reactions depression with multiple somatic complaints or with emotional symptoms	4,432	67/94%
4- Victims of Torture	512	
Follow-up	2,074	
5- Somatoform disorders	7,902	
6- Post concussion syndrom (Head injuries - head traumas)	1,596	
7- Psychoactive substance abuse: Canabies, Opium, Heroin, Atractica, hypnotica, codeine, psycho-stimulants etc.	723	

III- Neurotic disorders: Hysterical, phobic, anxious, obssessive, hypochondriac, neurosis etc.	3,808	9/81%
IV- Neurological disorders:		
a- Epiliptical seizures	1,735	
b- Mental retardation	437	13/34%
c- Other neurological cases	3,006	
V- Number of patients refered to other Hospitals	656	1/69%

The social and psychological condition of Afghan children and youths under 18 year

From inside the country:

1- Most of the Afghan children witnessed sever bambardments, ruins, savage, slaughter, torture etc.

-- A remarkable percentage of Afghan childrenwho have lost their parents, having become disabled, been deprived of education and schooling and felt long term insecurity, suffering from different diseases by war torn envoirnment.

2- As refugee children:

-- Plus the above mentioned traumas and general disadvantages of life they have other problems too.

-- High mortality rate according to UNICEF reports 172/1000 (infant mortality), the survivors suffer malnutration different infectious and chronic diseases due to shortage of preventive and curative medical care and sanitation problems in refugee camps.

-- High percentage of illiteracy among the children due to undynamic and apathetic attitudes and approaches towards this vital concern of Afghan children. Those receiving education are being exploited by various interpretation.

-- Non dynamic atmosphere of camps with psychologically

affected parents, deprivation of basic needs and various stresses originating from war related conflicts cause many children to suffer from anxiety fear and depressions which are accompanied with lower selfesteem. The children who follow the course of their parent's vulneribility develope a brittle and withdrawn personality.

In fact the disadvantages of the uprooted society give no time, no pause to the child to employ his psychological defence mechanism to limit his anxiety. On the contrary, he is subjected to re-experience lives in deprivation of his rights. He is the real victim of the existing conflict. Therefore he developes a fantasy for revenge and settlement with the enemy which makes his more aggressive and destructive and develope interests for fighting or he takes refugee in an artifecial paradise by consuming canabis and opiate.

The most common psychological and behavioral symptoms manifested by Afghan children who experienced traumas and severe stresses are sleep disturbances, fears, anxiety, fear of encountering another tragedy, conduct disorder, depression etc. In many children enuresis and self torturing with dependency reactions on their mothers are common.

Most of Afghan children manifest unspecified behavioural changes accompanied by sadmood, psychomotoric retardation, withdrawn symptoms, and multiple somatic complaints.

As far as repatriation and political solution remains unknown, alternative measures to protect the social and mental life of Afghans (especially children) from further deterioration is of primary importent.

I would especially like to draw the attention of the concerned United Nations Agencies regarding Victims of crimes and abuse of power.

بسم الله الرحمن الرحيم

FROM DIRECTOR:

This is a brief report on our work of the past two years since the publication of the "Impaired Mind" March, 1988, we couldn´t publish any thing any earlier because of our extreme preoccupation with the increased number of patients and daily problems. When we opened the Psychiatry Center in 1986 we aimed to work in two fields: in the practical field as well as in the research field. But the increasing number of patients, lack of professional staff and the frustrating overlapping field tasks shifted the accent of our work very much to the practical side. The following figures show the increase of the number of patients:

In 1986	-	4,000	Patients.
In 1987	-	10,500	Patients.
In 1988	-	19,000	Patients.
In 1989	- Over	25,000	Patients.

The last two years were a very exciting period for Afghans, the year of open optimism due to the Russian withdrawd from Afghanistan. We all hoped that the burden of psycho-social problems would come to an end and Afghan refugees return to their homeland and start a new life in mental peace. But unfortunately the existing political problems and uncertainty of what is going to happen in Afghanistan and to Afghans, especially in the last year brought more refugees to Pakistan and caused further frustrations and tensions among Afghans. Therefore the psycho-social problems of Afghans remained unresolved and the number of mentally ill people increased.

The psychiatric services which we provide are like a drop in an ocean. Therefore we would like to draw the attention of refugee authorities like UNHCR to these

I quote the UN decleration defining Victims as"persons, individually or collectively, that suffered harm including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights". Second, regarding assistance:"Victims should receive necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means. Victims should be informed of the availability of health and social services and other relevant assistance and be readily afforded access to them. Police, justice, health, social service and other personnel concerned should receive training to sensities them to ensure proper and prompt aid".

Rehabilitation and mental health care for Afghan refugees requires the following:

-- Therapeutic Centers.
-- Rehabilitation Centers.
-- Education and training programmes.
-- Security grantees (Self reliance programmes).
-- Suffecient social integration strategies.



CHILDREN IN REFUGEE CAMPS

EPILEPSY OF WAR TIME AMONG AFGHANS

By: Saifuddin Nasafi, MD.

An article under the title of "Post Concussion syndrom among Afghans" had been written by Dr. Farooq Naik which was printed in our Journal "The Impaired Minds" in March 1988, contained all post concussion syndroms in Afghan refugees. Epilepsy also has been mentioned as a kind of "Post Concussion Disease" in this article, and reason for its increase in unpeaceful conditions were described psychogenic causes of epilepsy also were pointed in this article which attracted the attention of many neurologic Centers.

According to affection to the work of Dr. Farooq which related to the data of 1987, here also has been tried to deep studies should be accomplished about epilepsy cases in 1988. In the Psychiatry Center for Afghans 19600 patients refered in 1988 and 24237 patients in 1989. Among these patients some have epilepsy and are under our successive treatment, that their reference times in 1988 is 1,261 times (6.4%) and 1989 in 1,454 times (6%).

From the begining of 1987 Afghan Refugees, resident in Pakistan, those are affected with epilepsy are being registered in our Center and are under care of us. These patients refer to our Center once a month, take medicines free of charge, and tell us about the result of monthly medication.

Number of patients have been registered in our Center:

Years	Number
1987	45
1988	85
1989	127

Special history of each patient with adviced medication and date of monthly reference of them, remains with us ofcourse for perfection of this programme or research about patients, regular relation with patients and seeking for efficiency of treatment, we come in contact with a series of problems. Economic problems of Afghan refugees with difficulties of imigration, low level of education, lack of enough fund for research all have created uncomplete investigation about ethiology, classification and diagnosis of disease from our side and irregular reference of patients from other side.

Despite of our explanation the patients couldn't understand conceptions of being chronically ill, the necessity of contineous treatment and uselessness of home medication. The patients after one reference wouldn't come again or when they came their medicines are finished and epilepsy attacks are being started. Also homelessness in immigration and unstable resident in Jehad are reasons cut - ting their relation with us.

For research on epilepsy 40 patients from 1988 and 25 from 1989 have been selected.

No.	Age range	1988	Percentage%	1989	Percentage
1.	0 - 18	18	45%	8	32%
2.	19 - 45	21	52.5%	14	56%
3.	Over 45	1	2.5%	3	12%

Obviously the children and youth have more pain due to the disease. Low percentage of the disease in aged is a serious sign of illness in Afghans.

Effects of war on epilepsy?

the people of Afghanistan have suffered great difficulties in socio-economic and political areas for 10 years. The reason for this is dominance of an undesirable regime. The invassion of Russian troops increased the hate

of people against this puppet regime. Due to war one of the highest character of free human or his health exposed to danger.

Please pay attention to these data:

Relation of the first onset of epilepsys between war time and peace time:

No.	First onset of epilepsy	Reference of patient to our Center in 1988	Reference of patient to our Center in 1989	Total	Percentage %
1.	Before War	4	4	8	12.3%
2.	After war	36	21	57	87.7%

As we see above in 87.7% of patients the first onset of epilepsy has been started after the war 1978.

In the following table we can find the first onset of epilepsy in different years:

No.	Begining of first attack	Years of reference 1988	1989	Total	Percentage
1.	Before 1968	1	0	1	1.52%
2.	1969 - 1973	4	2	6	9.23%
3.	1974 - 1977	2	3	5	7.7%
4.	1978 - 1980	9	3	12	18.4%
5.	1981 - 1984	7	3	11	16.93%
6.	1985 - 1986	14	4	18	27.6%
7.	1987 - 1988	3	9	12	18.4%

As we see on the table the number of patients of epilepsy increased from 1978 to 1989. Direct relation between socio-political situation of Afghans and the beginning of the disease can be saught:

-- From 1978 - 1979:- Years of severity like imprisonment, unknown distribution of land, coolective slaughters,

dishonouring social leaders and national chiefs. All of these caused destruction of social and family disciplines.

-- From 1981 - 1984:- The puppet regime and Russian troops tried to expand their dominance from the centers of the provinces towards the villages.

-- From 1985 - 1986:- Russian troops and kabul regime settled the people of Afghanistan under sever bombbardments and wanted to end war for their own benefit. As a result financial and human damages have been imposed to the people of cities and villages and it has been pointed out in our table indicating the peak of the disease during this period of time.

-- From 1987 - 1989:- The basic characters of this period are connections of the majority of people to the National Resistance Front and culmination of Resistance.

We should keep in mind the new Afghan generation who settle in worse economic and social conditions. Naturaly their health is more instable, particularly epilepsy may occure more often.

The following classification about ethiology of Epilepsy (LANGE 1982) has been arranged by S.G. Ghusid:

-- Genetic and birth factors.
-- Infectious disorders.
-- Toxic factors.
-- Trauma or physical agent.
-- Circulatory disturbances.
-- Neoplasms.
-- Heridofamilial and degenerative diseases.
-- Psychogenic cases.
-- Unknown cases.

In above classification psychogenic cases of epilepsy have been mentioned in the 8th group. Which other publications have never been mentioned about psychogenic factors. It should be remembered that the above classifica-

tion has been created in peace by help of careful laboratory and paraclinic examinations.

There we found cases of epilepsy in Mujahideen and refugees as follows:

No.	Cases	No. of patients in 1988	No. of patients in 1989	Total	Percentage %
1.	Unknown	16	12	28	43%
2.	Heriditary trauma during birth	17	4	11	16.9%
3.	Head traumas non related to war	7	4	11	16.9%
4.	War related head injuries traumas	7	3	10	15.4%
5.	Psychogenic	3	1	4	6.1%
6.	Infectious disease	0	1	1	1.5%

Here, psychogenic factors are powerful then Ghusid classification. The main reason may be the frightful conditions and psychogenic traumas in war time.

Case history:

The patient M 35 years old, Afghan refugee from Bulkh province, came to our Center in 5/88 and complained after seizure of vertigo and presence of brightness in front of his eyes since three years ago. The attack continues 5 - 10 minutes and the patient falls on the ground and becomes unconciousness. 25 attacks in amonth occure. this situation has come to him as a war event in which his two brothers and two uncles were killed in front of his eyes. The patient also suffers from depression.

Our impression is grand mal psychogenic epilepsy + depression.

Phenobarbiton 180 mg in divided dose has been prescribed to him. He is satisfied with the adviced treatment. He didn't complain of further attacks during medical treatment. After two months the patient cut his relations with us.

in above example psychogenic cases of epilepsy without any urguement are acceptable.

Epilepsy with unknown cases in the table which mentioned before have the great data. It doesn´t mean that the 9th component of Ghusid causative classification of epilepsy is in peak level, but the reasons are as follows:

-- The patient due to lack of medical Knowledge couldn´t relate matters to his illness and couldn´t explain history and complete informationabout his disease.

-- Lack of exact paraclinic examinations so we can´t determine the ethiology of the disease. Despite completing these examinations a great number of patients have psychogenic cases.

Case history II:

The patient Z an Afghan refugee, 16 years old from Faryab province came to our Center on 27.09.1989. He complained of epileptic seizures since three years ago. Each attack contineous 5 - 6 minutes and some times half an hour. After the attack the patient feels tiredness and then sleep is coming to him. One to two attacks in a week occure. In his report he has suggested a head trauma due to falling from a roof 10 years ago. In the Psychiatry Center Phenobarbiton has been started to him, he takes medicines regularly, doesn´t complain of attacks and is satisfied with medication. The patient in this case despite of a head trauma didn´t have symptoms of epilepsy in seven years, but after being under hard psychiatric conditions(war) the symptoms became evident. This case need to be investigated as either head trauma or psychogenic factors are the causes of epilepsy.

Conclusion:

-- Psychogenic factors play an important role in the ethiology of epilepsy in Afghans at present.

-- Patients of epilepsy don t receive medical treatment regularly.

-- Investigation about epilepsy among Afghans like other dieseases is faulty and uncomplete.

N.B.: We welcome the neurologists who want to study epilepsy in mental stress conditions (war). We will cooperate with them in exchange of informatio and collecting of materials.



FROM HARIPOOR REFUGEE CAMP

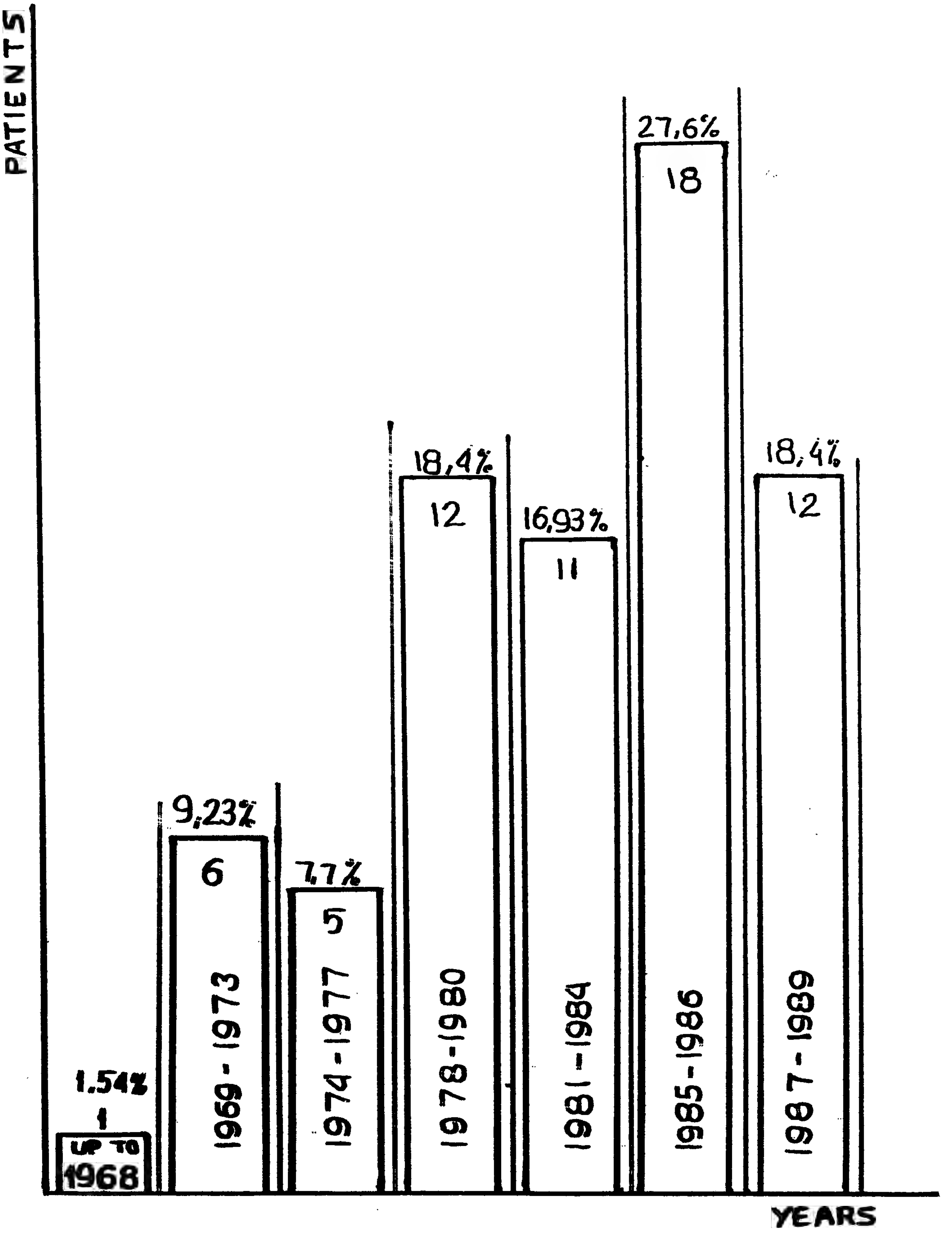


Fig. I

The years of beginning Epileptic seizures in under researched patients.

Post-Traumatic Stress Disorder — Similarities and Differences between USSR and USA Veterans

by Charles R. Figley.

I recently visited the Soviet Union twice between September 25, 1988 and January 20, 1989 at the invitation of private groups and, during the last trip, the Soviet Ministry of Health. For nearly two decades I have studied the American veterans who fought in S. Vietnam (Figley, 1978) and others exposed to highly stressful events (Figley, 1985; 1986). I was interested in the similarities and differences between the two cohorts. Unfortunately there is no scientific reports available that describes the Soviet experiences in contrast to the quite extraordinary amount of reports on Americans (Figley, 1988b).

Based on published reports in the popular media, I conducted interviews with Soviet veterans and those who worked with them, I believe I can say with confidence that there are many more similarities than differences between the Soviet and American cohorts. Moreover, it is reasonable to predict that, based on the American experiences, that the psychological difficulties of their 1–1½ million Afghan war veterans will get worse before they get better (Figley & Gilman, 1989). The major psychiatric and psychosocial problems among these men is post-traumatic stress disorder (PTSD).

PTSD

As military psychiatrists are very much aware, combat-related post-traumatic stress disorder (PTSD) has long-been a natural consequence of war and other highly stressful events. Yet, only relatively recently did psychiatric nomenclature identify such a category in the third revision of the Diagnostics and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980). The number of published reports on PTSD has increased exponentially since this time, including those that focus on combat soldiers in the USA (Figley, 1978; Figley & Leventman, 1980; Card, 1983; Hendin & Haas, 1984; Egendorf, 1985; Brende & Parson, 1985; Kelly, 1985; Sonnenberg, Blank & Talbott, 1985) and in Israel (Milgram, 1986).

PTSD is an anxiety disorder that is found in acute form in a large percentage of those exposed to a highly stressful event or series of events, such as war. These symptoms include recurrent nightmares, intrusive thoughts, or flashbacks of the traumatic events; phobic behavior or generalized apathy; and hypervigilance and other symptoms of increased arousal lasting longer than one month. There evidence of amnesia surrounding the entire traumatic event or its key elements. Left untreated the Acute form may develop into a more troublesome Chronic form of PTSD. Symptoms may manifest months or many years later and include the above symptoms along with depression, violent, anti-social behavior, and various somatic symptoms. Often the patient, his family and health care provider may be unaware of the connection between the symptoms and the traumatic events (Figley & McCubbin, 1983; Figley, 1989; in press).



Dr. Charles R. Figley was born on October 6, 1944. Following military service in the U.S. Marine corps, including service in the war in Vietnam, he received his B.S. in human development (psychology) from the University of Hawaii in 1970; M.S. in 1971 and PhD in 1974 in human development from the Pennsylvania State University. Since 1974 he has been a faculty member at Purdue University (West Lafayette, Indiana), where he has trained doctoral students in psychotherapy and directed the psychosocial stress research program. He is currently Professor of Family Therapy and Psychology there. He has written over 100 scholarly papers and 10 books (including Stress Disorders Among Vietnam Veterans, NY: Brunner/Mazel, 1978), many of which focus on the psychological consequences of highly stressful events. He is Founding President of the International Society for Traumatic Stress Studies, Founding Editor of the International Journal of Traumatic Stress, and a fellow of the leading scientific associations in the metal health fields.

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The Soviet's Vietnam Veteran?

By February 15th the Soviets were to remove all of their remaining from Afghanistan and, in effect, the end of their war there. Those troops are the last of as many as 1½ million "Afgantsy", a term the Soviets use to refer to this cohort of war veterans. Yet the war appears not to be over for these men.

According to published reports, for

problems which have been ignored over the last decade.

I would like to give thanks to:

Help Committee for supporting our main clinic.

Amnesty International for supporting torture victims.

United Nations Voluntary Fund for Torture Victims for the same reason.

Norwegian Refugee Council for supporting our mobile clinic.

International Rescue Committee (I.R.C.) for their supportive work, provides funds for our different psychiatric services.

Ärzteverein für Afghanische Flüchtlinge: They provided us with a room for physio-therapy and also with laboratory services.

The budget was as follows:

In 1988:		
	Help Committee:	Rs.1,219,200/--
	United Nations Voluntary Funds for Torture Victims:	$. , 30,000/--
	Amnesty International:	Rs. ,360,000/--
In 1989:		
	Help Committee:	Rs.1,176,939/--
	Amnesty International:	Rs. ,360,000/--
	Norwegian Refugee Council:	Rs. ,420,000/--
From July,1989 to June, 1990.	International Rescue Committee:	$. , 22,000/--

example, a UPI and Reuters report (published in the **Seattle Times**) last month noted that a reunion of approximately 8,000 former paratrooper Afgantsy resulted in what one observer noted "a city under siege". This was the resulted, according to Tass, in these men engaging in drunken street brawls, stripped off their medals and tried to march on Red Square.



During that same month, a portion of a Moscow city park was taken over by a local Afgantsy club and established memorial to those who died in their war. This monument in Moscow's Friendship Park, is being financed by the Soviet Peace Fund, according to MOSCOW NEWS (Borovskikh, 1988). It was also noted that a hospital for Afgantsy will be built at Alma-Ata as well as to rehabilitation centers in Uzbekistgan and the Krasnodar Territory.

Bill Keller (1987) noted that a number of articles are being published in the Soviet press regarding complaints from Afgantsy and family members of those who have died in the war:

. . . dodges employed by high-ranking officials to keep their children from serving in the wary, lamented the brutalizing effect of the war on young servicemen, hinted at the hashish habit some soldiers brought back from the war and decried the public indifference or even resentment shown veterans when they come home and apply for jobs or apartments.

In the same article, it was noted that some Afgantsy appear to be support of the 1979 invasion, though most are dedicated to more constructive activities like providing solace and financial support to families of killed in the war, (these families receive minimal pensions), offering sports training for youngsters approaching draft age. Also these activist Afgantsy are insisting on the rights of the disabled vets, receiving all of the privileges accorded soldiers who served in WW II: better choice of vacation times from employers, easier entry into universities, priority in getting telephones, access to the special, better-supplied stores.

According to Riordan (1988), the USSR has virtually no special facilities for the disabled by way of lifts or ramps. Moreover there is a basic lack of rehabilitation equipment. At a special military hospital opened early in 1980 in Saki, in the Crimea, the disabled are "sent out into the world with 'antediluvian crutches and artificial limbs, and a wheelchair shortage'".

PTSD and the Afgantsy

Bill Keller (1988) has also reported on PTSD-related problems of the Afgantsy. In addition to Afgantsy drug abuse, the USSR has experienced an increase in draft evasion and general cynical bad mixed feelings toward Afgantsy, due in part to the way the Soviet media hadportrayed the war and those who fought in it.

Returning soldiers sometimes encounter citizens who ask about reports of Soviet attacks on innocent Afghan civilians or outright atrocities. These allegations, based on the stories of Soviet defectors, have not been discussed in the official press, but many Soviet citizens have heard them on Voice of America and other Western radio broadcasts.

'We are not sadists,' Valery Burkov said, denying these allegations. 'There were cases when we were provoked.'

Later Keller notes that although no studies have been published to indicate the extent of the problem, it is believed that many Afgantsy turn to alcohol, hashish, opium or heroin to kill the nightmares and other combat-related symptoms. Also, there appears to be elevations in beatings, rapes, drunken rampages in some cities and for vigilante-style attacks on hippies and other youngsters who do not conform to their standards of patriotic behavior.

Similarly, Riordan (1988) notes the various reported combat-related symptoms of psycho-social problems of the A
now recognize as PTSD. As o
noted:

It is impossible immediately t
to the still of the night, to realize
one running toward you isn't g
dle you with machine gun bullet
that a mine won't exploded be
feet.

Riordan (1988) also notes that
to drink or drugs to treat thems
ticularly opium addiction. Som
of society all together. A letter t
nik from 17 Afgantsy in Kaluga
they had formed a veterans'
which was building its own fiv
apartment block named Afg
noted that they were ". . . buil
to heal the wounds of war."

One Soviet journalist who h
more about the war and its vete
tyom Borovik of the popul
magazine Ogonyok, he has spe
in the war, including the final da
talked with more Afgantsy than
In one article (1987), on one of h
he was caught in a full scale de
units position, he ended up r
medal of bravery for his efforts.

The words **green spot, beetles**
have different meanings now. T
guessed at only by those who
membership in the front line
G[illegible] spot is an area with folia
the dushmany can hide. B
people, and yogurt is diesel fuel
tan has forever robbed me of o
ingly innocent words such
helicopter), **elephant** (tan
(kerosene) and **sour cream** (gas

[illegible] an interview with Kel
Borovik comments on some of t
ties of these recovering, wounde

[Afgantsy] have an allergy t
racy. An invalid visits 10 plac
card saying he is an invalid.

Prosthetics are bad, terrible:
the legs bleed. The doctors say
I didn't tell you to go to Afghan

Although there are no kno
sional publications which foc
gantsy, Keller quotes a Soviet
and editor of **Sociological Rese**
nady S. Batygin who comme
growing public dissatisfaction
war.

In the first years of the war,
seemed quite justified to the
people. It was common to
phrase, as 'internationalist du
interference of imperialism'.
past two years, the society ha
more open one, and that open
of a lot of people to the war.
sense that we know more about
we now face a diversification of

Those who take the trouble
about it consider the war to be o

portant problem today. I agree with that view. All the rest – economic reform and so forth – is secondary to the war. I'm sure that if the war stops, we shall remove the largest obstacle standing in the way of **perestroika** [restructuring]. Our society cannot be open as long as the Afghan problem exists.

Similarities and Differences Between War Veterans

There appears to be many similarities anda several fundamental differences between Russian Afgantsyand American veterans of the war in Vietnam, both in terms war experiences and post-war adjustments, from my perspective.

Similarities

1. **Limited Public Support:** Both were wars fought without the full support, knowledge, and involvement of their citizens. Many Afgantsy reported that troops who served in the war during the initial years were not permitted to tell anyone about what they did – both during and following the war. After several years the only reports press available to Soviet citizens were from the West with reports of atrocities. In the last few years, however, thanks to the new openness policies, there is extensive reporting in the Soviet media about both the war, the soldiers, and the war veterans. Understandably, then, public opinion about Afgantsy, shifted from apathy, to negative attitudes, to rather positve views today.
2. **Unclear Goals and Justifications for the Wars:** Both were wars fought outside their borders against an enemy that did not directly threaten the security of their respective countries. Many of the Afgantsy we spoke with were openly skeptical of the utility of their war and blamed the formre government regime for the war, rather than the Soviet people.
3. **Part-time Wars:** Both wars used a portion of its military which rotated troops in and out of the war and not committing any one combatant to fighting for the duration of the war. Most of those who fought in the Afghan war were draftees who received 6 months of combat training and served the rest of their two years in the war.
4. **Fought Disproportionately by Young, Poor, Minority Men:** Although there are 140 ethnic groups in the Soviet Union, Russians, the dominate group, were under represented in combat. In contrast those from the Ukraine and republics bordering Afghanistan were over represented in combat and, as a result experienced more casualities. The average age war 19 years old.
5. **Fought a Tough Enemy:** Both was involved fighting an extemely innovative, indigenous, guerrilla force who, thought out manned by personnel and materiel, were extremely effective and vicious fighters. Afgantsy told us about their difficulties in distinguishing enemy from non-enemy and, as a result, came to despise both groups.
6. **Unexpected Results of Advanced Medical Techniques:** The medical technology and resourcefulness employed in both wars enabled many lives to be saved, yet have left hundreds extremely disabled and in need of modern prosthetic devices. We saw for ourselves hundreds of severely disabled veterans and some amazing techniques in, for example, microsurgery which enabled physicians to "grow" bones.
7. **Unexpected War-related Psychological Consequences:** Both countries were unprepared for the combat-related PTSD experienced by returning combatants. The Soviets in some ways are better prepared than we were toward the end of the wars, but in other ways they are worse off. Better off because they recognize the problem and are attempting to do something about it. They are worse off, however, since so few Soviets are trained to understand and treat psychological problems in general and PTSD in particular.
8. **Feeling Mis-understood:** Both sets of war veterans have been dissatiesfied with the public respect and appreciation for their service to country, irrespective of the popularity of the war itself. Many Afgantsy note the significant improvements in public awareness and appreciation of their experiences and sacrifices. Yet just as many still have many bad memories of poor treatment in the past and still find those who display "false appreciation".
9. **The Lingering Effects of War:** Both sets of war veterans are experiencing extraordinary readjustment problems months and years following military service; problems that include, for example, Post-traumatic Stress Disorder (PTSD), drug and alcohol dependence, violence against self and others, depression, confusion, lack of motivation and apathy, lack of direction and energy, and a general sense of discontent and dissatisfaction with life.

Differences

1. **Countries are Very Different:** Obviously, the USA and USSR are distinctly

different in terms of political and economic systems, cultural and ethnic heritage and values, military structure and function, and other ways. An example is that their last major war was fought over 40 years ago against Nazi Germany, defending their own homeland, in which they lost 20 million men, women, and children. Partly as a result of this, they hold their military veterans in very high esteem.

2. **The Afghan war was fought much closer to home:** Irrespective the dubious reasons for the 1979 invasion and continuing 9 year war, Afghanistan borders their country. This is in stark contrast with Vietnam, vis-a-vis the US.
3. **The Afghan war was Unit Rather than Individually-orientated:** Troop rotation and rest and relaxation was accomplished in the Vietnam war individually and in the Afghan war, mostly by military units.
4. **Appreciation for Service was Soviet Policy:** Communities were expected to provide welcome home ceremonies for military units returning from the Afghan war, in contrast to no similar policy in the US for returning Namvets who often came home alone and more quickly (often 24–48 hours between the "foxhole and front porch").
5. **Ethnic Diversity:** American troops represented only a half dozen ethnic groups and most spoke English as their primary language in contrast with Russion troops who represented 140 ethnic groups with Russian often as the second language to more than 40 primary languages.
6. **Veterans Groups were Illegal in the Soviet Union Until Recently:** American veterans were able to join one or more of the several large, national veterans organizations and urged to join them (VFW, AL, Amvets) in contrast with the Afgantsy whose needs and concerns were the responsibility of the Komsomol, the youth arm of the Communist Party, which discourages separate groups for Afghan vets. However, Afgantsy clubs are forming daily all of the country now and, as a result becoming quite influential in promoting more help and services to these newest war veterans.

A Final Note

Efforts are under way to promote the exchange of scholarly and clinical data, reports, methods between Soviet, Americans, and others throughout the world. In a recent return visit to Moscow, under the sponsorship of the Foundation for Social Inventions (Moscow) and the Soviet-American Exchange Program of the Esalen Institute (San Francisco), for example, I met with top officials in the Ministries of Health and Social Security and leading scholars and practitioners working in the area of traumatic stress. Among others I spoke with Professors Alexksandrovsky, Badalian, Belkin, Churkin, and Svagelsky.

As a result of these meetings there will be an exchange of published and unpublished scientific articles. There will be two delegations of Soviets who will be coming to the US in 1989 to attend seminars and the Annual Meeting of the Society for Traumatic Stress Studies in San Francisco (October 27–30). Also there will be a delegation of American and other nationals who will attend the first conference on traumatic stress in Soviet Union in early 1990. These meetings will focus not only on the immediate and long-term psychosocial effects of wear. They will also consider the impact, for example, of natural disasters (e.g., the two recent earthquakes in the USSR), man-made disasters (e.g., the Chernobyl nuclear accident), crin timization, and other traumatic ev

I urge all those interested in these meetings, m the Society, or subscription to the Journal of Tra are urged to write me at Purdue University, Tra Research Program, 525 Russell Street, W. I 47906 USA.

References

American Psychiatric Association (1980) Di Statistical Manual of Mental Disorders, Washington, D.C. Author

Botovik, A (1987) The Hidden War The Fi Soviet Troops Fighting in Afghanistan. Ogonyo from the Russian by James Gambrell and Fitzpatrick

Borovskikh, I. (1988). In Memory of Those ghanistan Moscow News Weekly, No 27

Brende, J. O. & Parson, E. R. (1985) Vietn The road to recovery. New York Plenum

Card, J. J. (1983). Lives after Vietnam: The pact of Military Service. Lexington, Mass : Lexi

Egendorf, A (1985) Healing from the War: Transformation after Vietnam. Boston Hought

Figley, C R (1978) (Ed.) Stress Disorders nam Veterans: Theory, Research, and Treatmen Brunner/Mazel

Figley, C R (1985) (Ed) Trauma and Its Wa and Treatment of Post-Traumatic Stress Disord Brunner/Mazel.

Figley, C R (1986) (Ed). Trauma and Its Wa Stress Theory, Research, and Intervention. Ne ner/Mazel.

Figley, C R (1988a). Toward a field of tra Journal of Traumatic Stress, Vol 1 (1), 3 , In

Figley, C R (1988b) Afgantsy, the Soviet Some initial impressions Medals, Vol 1 (1) (

Figley, C R (1989) (Ed) Treating Stress in York Brunner/Mazel.

Figley, C R (in press). Helping Traumatized Francisco: Jossey-Bass

Figley, C. R. & Gilman, R. (1989) The tra Context, Vol. 20 (Winter), 30 37.

Figley, C R & Leventman, S. (1980) Stran Vietnam Veterans Since the War, New York: P

Hendin, H & Haas, A P. (1984) Wound Psychological Aftermath of Combat in Vietna Basic Books.

Keller, B (1988). Russia's Divisive War: H ghanistan New York Times Magazine, Februa

Kelly, W E (1985) (Ed.) Post-Traumatic S and the War Veteran Patient. New York. Brun

Lakhidan, F (1988) Soviet Deserters Des ment in Afghanistan The Los Angeles Times Times, March 24 p 5 ff

Milgram, N (1986) (Ed.) Stress and Cop War: Generalizations from the Israeli Experien Brunner/Mazel

Reuters and United Press International (Vets Brawl in Moscow. Seattle Times, August

Riordan, J. (1988) Return of the Afgantsy. I 12, 13–15.

Rukonko, I (1988). Homecoming New Tim

Sonnenberg, S M. Blank, A. S., Jr , & Talbo (Eds.) The Trauma of War: Stress and Recove Veterans. Washington, D.C.: American Psych

Turshatov, V (1987) Afghanistan Veterans Them. Moscow News Weekly (No. 50), p 1 ([illegible]). Afgan War Scars Soviet Society. Ca May 18, p 4

Williams, C J ([illegible]). Soviet Soldier's Needs this War Seattle Times, May 2, p. 5.

REPORT ON TORTURE VICTIMS:

From the March 1988 to the January 1990 we gave treatment to 230 torture victims, including their family members.

Our clinical findings and studies based on our daily practical work in refugee camps compared with an exchange of informations that we recieved through International Publications and by attending different conferences will be published in the next report.

In this report we are printing a photocopy of a patient's file who spent five years in prison. This paper published by his permission.



PUL-E-CHARKHI PRISON IN KABUL

بسم الله الرحمن الرحیم

PSYCHIATRY CENTRE FOR AFGHANS
Shaheen Town, University Road
P. O. Box No. 641 G P. O.
PESHAWAR - PAKISTAN
Telephone 42987

مرکز تداوی و تحقیق امراض
روانی برای افغانها

Date December 1989

FORMS FOR VICTIMS OF TORTURE
Human Rights Concern

Registration No. XXX File No. XXX

Name: XXX Father Name: XXX

Age: 33 Sex: Male Marital State: Married, 4 children

Nationality: Afghan Ethnic Origin: Tajik

Occupation and Social Background: He is post graduated of Science Faculty and has worked at Minstry of Power and Mine. Now he is jobless.

Address 1. (In Afghanistan): XXX district

2 (In Pakistan): XXX

Date of Arrival in Pakistan: 15.06.1989

Why did you leave your Country: Because I felt insecure in my country

ARREST

Date of Arrest: 17 September 1983

Place (Home, Work, Other ...): From work, while I was working at my office, two armed men came inside and asked my name, Then they said "lets go" and they caried me to Khad-e-Shashdarak.

Carried out by (Military, secret police, Russians ...): Two armed intellegence police of Kabul regime.

Name of Detention Center: Khad-e-Shashdarak (one of the famous interrogation Center at Kabul) a section of detention Center in Sadarat Kabul. Pul-i-Charkhi prison in Kabul.

Period Spend From: September, 1983 Until: August, 1988

Khad-e-Shashdarak 3 months. Sedarat Kabul 2 months. Pul-e-Charkhi prison 4 years and 7 months.

METHODS OF TORTURE (Physical,Psychological)

After few minutesof my arrestment they started to beat me by kicks, punches, slaps, and wanted me to say(to whom I had relation). Next day they applied electrodes to my fingers and ears for 3 times, I lost my concious each time and they poured cold water on my body. Then they confined me to a narrow and dark place, two meters hight and 0.5 meter in width, surrounded by iron windows They forced to stand for 48 hours, my feet were swelling, on the third day I felt unconcious. The exhausted interrogation lasted for 3 months, and they subjected me to different psychological torture; like sleep deprevation for 48 hours, food deprevation for three days, threats for execution and further electric shocks. After three months they sent me to Sedarat for further interrogation and final decission. Waiting for another two months in the Sedarat, they called me two times for interrogation after two months. One day a man came and brought me to their officer, the officer anounced that they sentenced me to 16 years of imprisonment. Just I only protested against the presence of Russians in Afghanistan.

I passed six years with difficulties in prison, but after the anouncement of so called national reconcellation, they gave me a letter to sign, that I was ready to join the military service and I signed it. They sent me to Kandahar military units. After two months I had escaped from military service and came to Pakistan.

Remarks: I was talking against pupet government and Russians invassion in public, but I was not the member of any Party.

Were any doctor present during torture? If yes , what was his role

There was no doctor during torture.

Did they provide you medical treatment ?

Yes. when I got injuries or became unconcious they called doctor.

There were just some medicines and sera. It was prepration for further interrogation and torture.

Nature of relation with prisoners in detention and general condition such as food sanitation , hygienic etc......

I was put among 200 prisoners in one room, different insects and creepers were existed in rooms and cells. Food was not enough and water was contaminated, and sanitation was in worst condition. Many prisoners were suffering gastro-intestinal diseases; like diarrhea, amibiasis, etc. The prison guards had very bad contact with prisoners.

Remarks

PSYCHIATRIC HISTORY

Exploring the previous ilnesses

I was healthy and I had no mental and physical problems, before the arrest.

History of present illness

In the Sedarat I got headache and sleeplessness, and has deteriorated in Pul-e-Charkhi which accompanied by general pain in my body.

Chief Complains

He complains from sleep disturbances, reccurent nightmares, memory disturbances, and lack of concentration.

He feels weak, exhausted. He has lost his pleasure, interest and sexual desire.

He suffers from headache and pain in his body, joints and legs.

He feels hopless and manifest anxiety,panics and aggressiveness.

He says that exessive startle thoughts causes sleepless-ness and lose of apititis.

He prefer to stay at home and has no desire to social activities.

Mental and Physical Examination

He manifests aggressive behaviour and anxiety.

He is withdrawn and has psychomotoric retardation.

Depression is associated with multiple somatic complaints. He has paranoid thoughts, and role confussion.

Manifests exagerated interpretative delirium with adjustment problems.

Physical signs or scars of torture is not visible.

But he has psychosexual dysfunctioning.

Final Diagnosis Victims of Torture

Post Traumatic Stress Disorders.

Treatment See the original file.

Medicine	Date	Remarks

1.
2.
3.
4.
5.
6.
7.
8.

نمبر ۶۶۹

دولت جمهوری دموکراتیک افغانستان

مورخه ۲۷/۹/۱۳۶۲

ریاست محکمه اختصاصی انقلابی

پارچه ابلاغ حکم

دیوان (۳) محکمه اختصاصی انقلابی در جلسه قضائی مورخه ۲۷/۹/۱۳۶۲ حکم ذیل را صادر نمود

[illegible]

[illegible] ....

بدینوسیله خلاصه نص حکم بشما ابلاغ شد . محل امضا مامور موظف محل امضا رئیس محکمه

[illegible]

ریاست محکمه اختصاصی انقلابی ... دیوان ریاست

Addresses:

HELP
Hilfe zur Selbsthilfe e.V.
Duetche hilfen Afghanistan
Kaiser platz 3
D-5300 Bonn 1
West Germany

HELP
"German assist Afghans"
The Representative of Help
Dr. Lorenz L. Göser
34-E Syed Jamaluddin Afghani Rd.
University Town P.O.Box 912,
Telephone: 41530
Peshawar/Pakistan.

HELP
Deutsche helfen Afghanistan
SPENDEN-KTO.-NR. bei der: Dresdner Bank Bonn, Sparkasse Bonn, Volksbank Bonn, Postscheckamt Essen
4444

AMNESTY INTERNATIONAL
International Secretariat
1 Easton Street London WC1X 8DJ
United Kingdom

Secretary
Board of Trustees
United Nations Voluntary
Funds for Torture Victims
Palais des Nations
CH-1211 Geneva 10
Switzerland

NORWEGIAN REFUGEE COUNCIL
POSTBOKS 5856 HEGDEHAUGEN
0308 OSLO 3
Prof.Dahlsgt 1,0355 OSLO 3
NORWAY.

NORWEGIAN REFUGEE COUNCIL
NORWEGIAN CHURCH AID
51-C Park Avenue
University Town
Telephone:42304
Peshawar/Pakistan.

International Rescue Committee
(IRC) G.P.O. 504
Telephone:41274,41845 & 43242
Tlex: 52448 IRC PE PK
Peshawar/Pakistan.

Arzteverein für Afghanische Flüchtlinge e.V.
(Physician Association for Afghan Refugees)
Sudertor 15/16
3330 Helmsted
West Germany

No.: 669

Date: 27/9/1363

DEMOCRATIC REPUBLIC OF AFGHANISTAN
PRESIDENCY OF SPECIAL REVOLUTIONARY COURT
CONVEYANCE PAPER OF JUDGMENT

(E) Office of the Special Revolutionary Court in its juridical session in 27/9/-1363 issued the following judgement:

Abdul Mohammad s/o Tawakal Shah according to the decision No.:287 20/9/1363 due to commitment of antigovernment guilt based on 175 - 30 articles of penal law be sentenced to 16 years of imprisonment from date of arresting(12/6/1363).

Thereby the judgement conveyed to you.
16 years imprisonment

Signature
Responsible Officer

Signature
President of Court

Name: Abdul Mohammad.
Father Name: Tawakal Shah.
Grant Father Name: Abdul Wahab.

CASE HISTORY:2:

Not only men tortured and maltreated by the Kabul regime in Afghanistan, but also hundreds of women have been arrested and tortured ruthlessly. For example F. a 21 years Afghan lady who suffers from different kinds of psychological and physical problems such as headache, pain in body and joints, depression, memory disturbunces, sleeplessness associated with reccurent nightmares etc. came to the Psychiatry Center for Afghans for treatment.

According to her descriptions, F. was a high school student in Kabul city. After the Soviets launched its invasion of Afghanistan, she was arrested by the Kabul secret police (Khad) in the fall of 1985 including six members of her family.

F. was in Pul-e-Charkhi Jail in Kabul for two years and was tortured very badly. She has suffered from different kinds of physical and mental tortures such as burning with segarettes, keeping awake for a long period of time, electrical shock, forcing to stand inside water, and beating violently in different parts of her body.

In order to make F. confess something, the Kabul regime Khad agents would show her horrible scenes. For example, she had been taken to the cells of other prisoners whose faces had been disfigured and serious wounds and scars were on their bodies and skins. Also, the dead body of those people who were tortured to death was shown for F. by the regime. She said that the regime agents would threat her to confess otherwise she would face the same agony, torture to dead.

Since the Kabul regime couldn't get any clue from F., she was released after two years and later she immigrated to Pakistan because of critical condition and lack of securety in the country.

Finally, economical crises is another problem for F. to overcome her difficulties in exile.



SCARS OF BURNS WITH LIGHTED CIGARETTES



SIGN OF PULLED OUT NAIL



A LETTER TO UNFDAC

In Afghanistan drugs were known for centuries. Our literature holds plenty of proof about psycho-active substances. Especially in Afghan Kingdoms hakims were used to mix narcotic drugs with other medicines - to stimulate the king's euphoria. Opium and haschisch and different kinds of mahjuns are mentioned in poetry. The hakims also used opium as therapeutic means.

After the Russian invassion to Central Asian states in 1917 many people - mainly Turkmen, Tadschiks and Uzbeks - came to Afghanistan and remained in the border area They had no access to medical centers. To these uprooted and traumatized people opium became a well known and important drug for therapeutic means - it was used as a substance for relaxation and stimulation. It spread very fast.

Even before this war there were various statistics by the neuropsychiatric clinic of Kabul University. WHO supported a mental health center in the Ministry of Health of Kabul and wanted to train doctors. They wanted to establish a center for treatment in Badakhshan. The survey was done, but the April Coup of 1987 put a stop to the project. according to the survey, e.g. in Shaghnan 70% of the population were opium addicted. In the Northern provinces, specially among Turkmen, statistics showed - 50% of addiction. Most people took opium as an analgesic, for example women who developed lumbago, osteoperosis and

other spinal deformations due to carpet making. Opium was the only medicine to give relief from pain and give relaxation. These women, while working hard for many hours, also had to drug their children to keep them asleep and out of the way.

Lack of sanitation and contaminated water caused diarrhoea. Opium was taken as anti-diarrhoea and cough medicine as well as for other ailments.

From a psycho-social point of view most people in the North were refugees, a discriminated and ignored minority. They used opium within their community for social adjustment and to neutralize their frustrations. - In other areas of Afghanistan and with other ethnic groups opium consumption and addiction was not common.- There was not great problem with heroin, only a few people were registered with Kabul University. The consumption of haschisch was common and not considered a serious problem. There was no national policy for the control of drug abuse.

We know that the consumption of means of addiction is always an indicator that a person's organism is not able to neutralize feelings of unhappiness, sorrow and sadness. If a person's system of adaption cannot neutralize the above mentioned feelings it will choose the "sparking over" of feelings into consumption of means of addiction.

The addicted stimulates himself by way of chemical means to such an extent that all other duties and responsibilities of his life are pushed into the background.

Now the April Coup of 1987 and after that the Russian invassion in Afghanistan caused severe damage to every aspect of Afghan life. It forced the people to leave their homes and was cause of an increase in drug consumption in Afghans. The reason being that the envirenmental (stress factors are so demanding, that the energies of a person's genetic code can't cope or produce a balance

anymore. The person is forced to take a stimulator, often increasing his consumption.

Our statistics show rather low numbers, 723 addicts out of 38815 patients in 2 years (August 1987-1989), that is 1.86%. These people voluntarily came to the Center. Probably drug abuse among refugees is much higher than any known estimations. Reasons for having high numbers are:

-- Many addicted people were severely traumatized by bombardment. They suffer from unresolved grievances due to the feeling of loss. Among those who felt vulnerable to manage or start a new life and those who have to stay in refugee camps for long periods joblessness, poor conditions, feelings of dependency - all this causes frustration and keeps on leading them to take refugee to different drugs such as hashish, opium, heroin, hypnotics, tranquilizers etc

-- Lack of education and proper knowledge of physical effects of drugs and lack of alternatives of coping with frustrations, like listening to music, sports, creative work

-- Not seeing a way out of the present depressing situation and conflects.

-- People have no access to the psychiatric clinics in Peshawar.

-- Most of the addicted people are reluctant to contact or trust their local doctors.

-- There has been no mental health service or drug abuse control among refugees to approach and help these people.

-- Opiate addicted in the community are not forced by their families or friends to come for treatment. There is no danger of damaging social functioning.

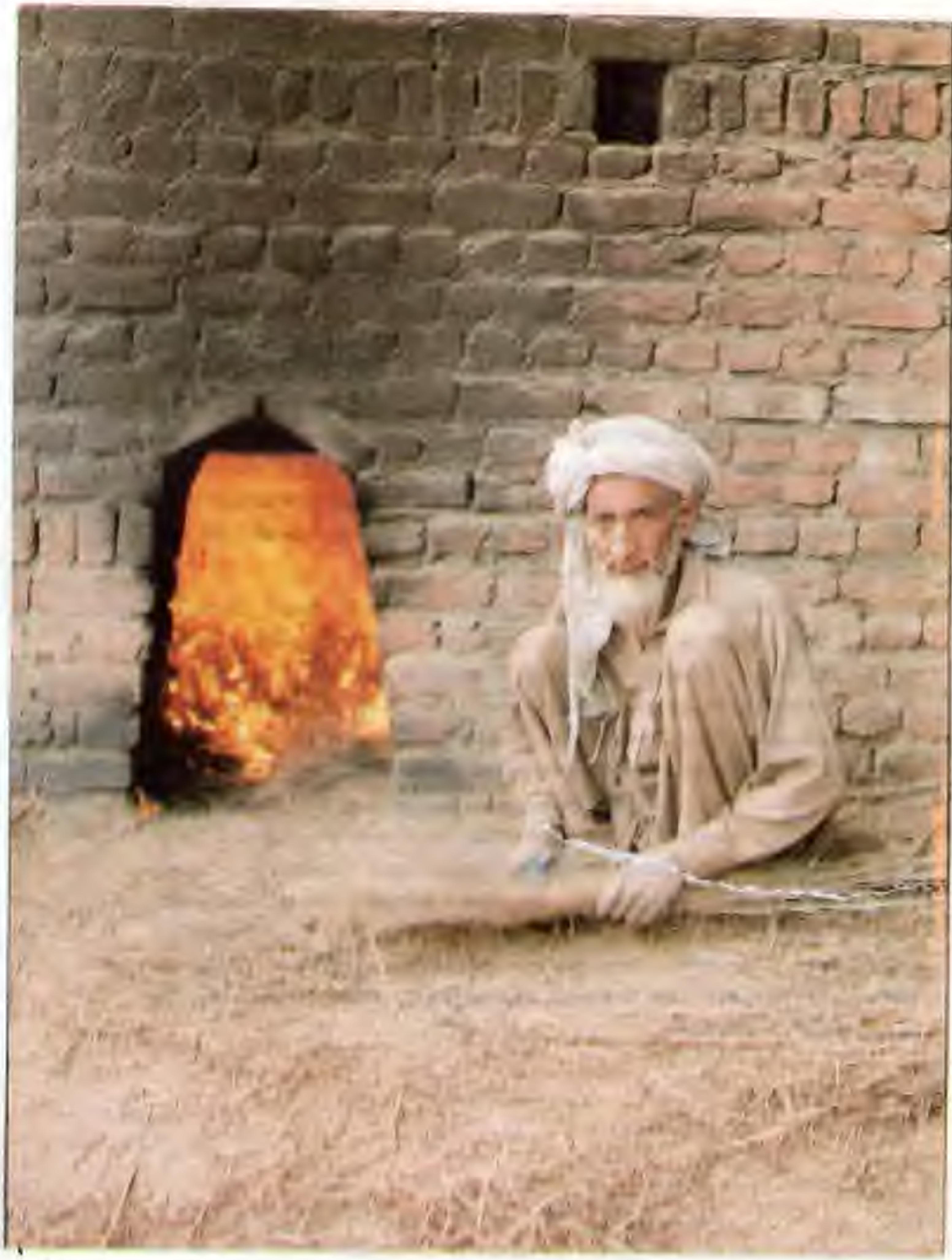
-- Having access to drugs easily and cheaply.

-- Drug business is one of the jobs that people in the

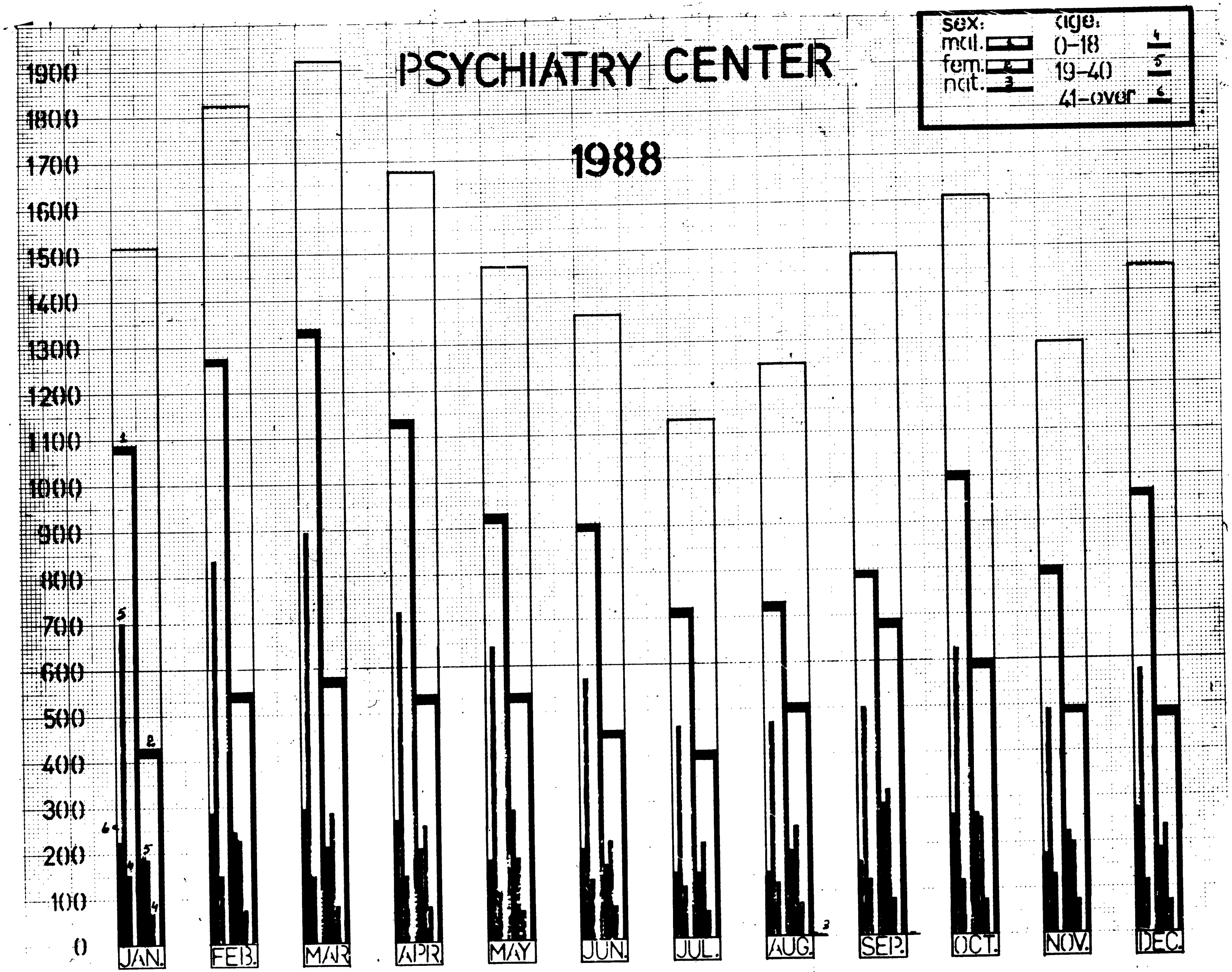
camps can get hold of. Wheras the pushers encourage the small dealers in the refugee camps, there is lettle danger of being caught. The increase of poppy cultivation in many areas of Afghanistan has also made the business easier.

The decission of UNFDAC to set up a program for the prevention and treatment of drugs abuse for Afghan refugees is a very positive and encouraging one. The gethering of members of the steering committee with their scientific expertise and experience in this field gives greater optimism for the promotion of a realistic approach to the program. The publication of the ACC studies and their plan of operations published 25|8|1989 is a scientific guideline for the future. This guideline is of a high standard with the inbuilt problem of how to put this into practise and make it feasable.

Afghan refugees are scattered over more than 300 camps. The question is how to approach addicted people in so many different refugee camps. A flexible and creative policy of decentralisation could be a possible step towards solving the problem. An alternative for UNFDAC could be to welcome and accept different small projects from NGOs, regarding the drug problem of Afghan refugees. Accepting and supporting various small projects for approximately one year would have the advantage of a wide scale of practical experience being available for comparison, so that after this probational period the best way could be chosen on the basis of experience. Another advantage would be a certain positive sense of competition between the groups, thus improving the find results of work.

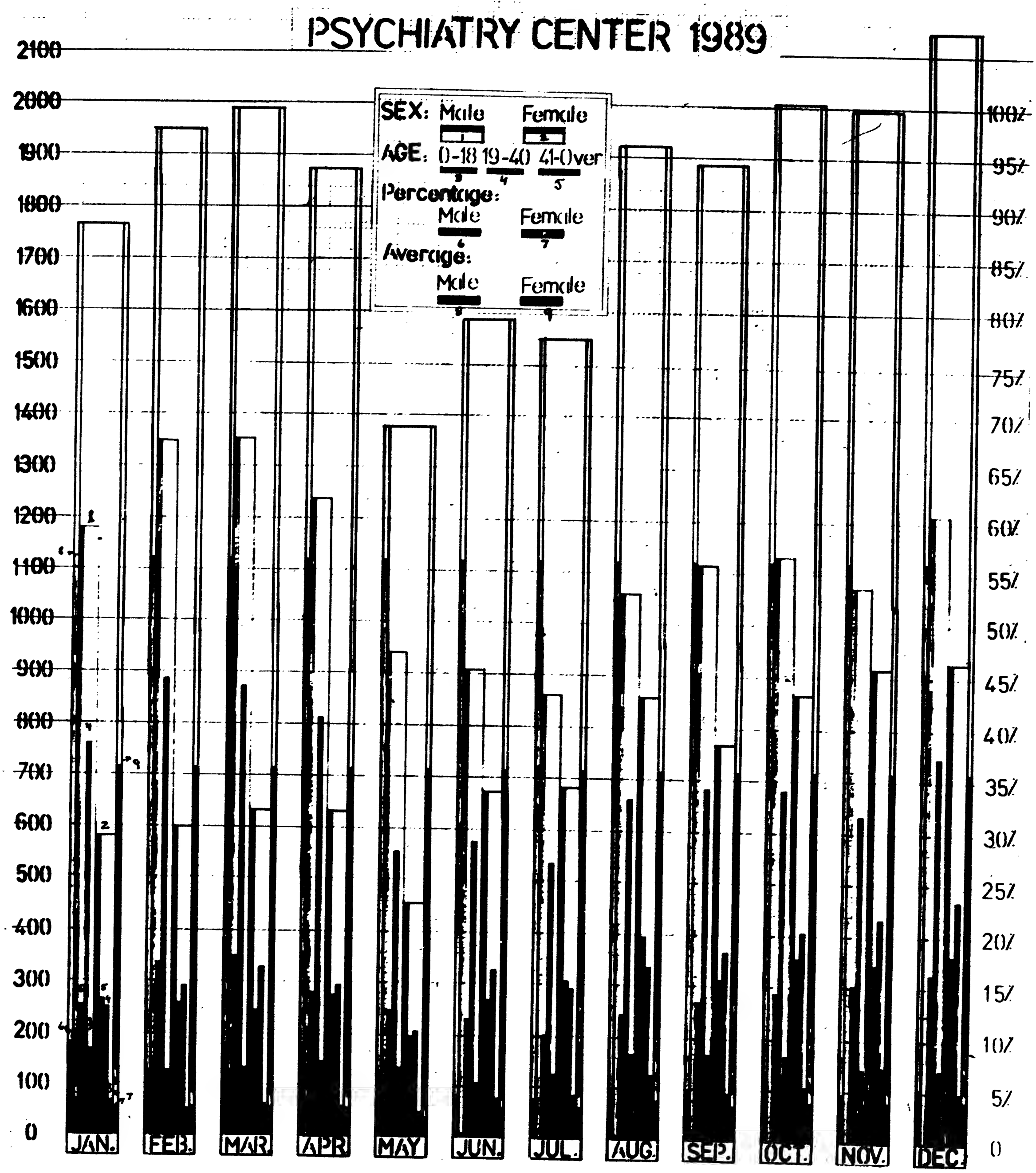


(4)



PSYCHIATRY CENTER
1988
sex:
mal.
fem.
nat.
age:
0-18
19-40
41-over
1900
1800
1700
1600
1500
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1200
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DEC.

(5)


PSYCHIATRY CENTER 1989
SEX: Male Female
AGE: 0-18 19-40 41-Over
Percentage:
Male Female
Average:
Male Female
2100
2000
1900
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Page 6

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INTERNATIONAL HERALD TRIBUNE,

Afgh

WISMIC

NEWSLETTER

WVF International Socio-Medical Information Centre

1989

Psychological Scars

ering the refugee
amp syndrome

The Pakistan Times, April 29, 1988

ARTHUR KENT

The Psychiatry Centre for Afghan refugees

The Director, Dr. Mohammad Azan ...dfar, was attending the Third Inter- ...al Seminar on Afghanistan, held ... the end of September 1989. ...ith a Herculean task in his ...s staff, which consist ... student doctors, 3 ... 1 pharmacist ...al workers, ...ossible ...tre ...were ... goes ...uch can ...financial



TIMES

NY Times

An Afghan Psychiatrist Tells Of His Nation's Mental Scars

By HENRY KAMM
Special to The New York Times

PESHAWAR, Pakistan — Each Af-...han refugee bears the reactions and ...isturbed mental life of war and exile, ...n Afghan psychiatrist says.

"They are the reactions of normal ...inking beings toward an abnormal ...tuation," added the psychiatrist, Dr. ...ohammad Azam Dadfar.

Dr. Dadfar sees about 100 patients ...y in the Psychiatry Center for ...an Refugees, which he foun... ...rects in this city, the upo... ...of the three millio... ...ve found refuge o... ...ry in Pakistan. ... ...at all Afgha... ...re psycho... ...at be... ...de...

that provide security ...tion with others," D... "But the wo... tents like ... "All their ... "The ... jor...

Hidden scars of the Afghan War

...tim tends to broke

From Our Correspondent, Peshawar

Dr Dadfar, both torture ... vival guilt; women who have lost their ...

RPN

REFUGEE PARTI...

October 1989

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...n Arbeit gefunden. ...andere Uniformteile um. ...sich die Afghanen im Flüchtlings... ...Lagern fort. Leiden des Krieges ...seelische Zerrüttung, Entwurze... ...nder tragen daran schwer. Vor allem ...sind eine verlorene Generation. ...er Psychiater Mohammad A... ...a 3,3 Millionen Afghanen ...der neun Jahre Bürger... ...en und Granaten ins ... ...stan geflohen. Sie ... ...zumeist nahe ... ...nicht seelischer ... ...hat, sagt D... ...beim Re... ...wirkt ...

The Impaired Mind (March 1988) published ... Psychiatry Centre for Afghan Refugees, Shahee... ...ersity Road, PO Box 641 GPO, Peshaw... ...pages.

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PSYCHIATRY CENTER FOR AFGHANS IN THE WORLD MEDIA

YEARWISE REPORT
OF 1988

STATISTICS:

No.		MEN	WOMEN	CHILDREN (0 - 18) MALE	CHILDREN (0 - 18) FEMALE	TOTAL
I.	PSYCHOTIC DISORDERS					
	A. Senile-presenile Dementias	97	51	1	1	150
	B. Acute and subacute confusional states	21	16	-	-	37
	C. Schizophrenic psychosis with follow up therapy	413	69	5	3	490
	D. Affective psychotic disorders					
	i- Depressive psychosis type	147	44	-	-	191
	ii- MDP Maniac type	30	27	-	-	57
	E. Paranoid state	78	39	-	-	117
II.	NON-PSYCHOTIC MENTAL DISORDER					
	A. Post Traumatic Stress Disorders and Combat Neurosis.	2,465	842	95	42	3,444
	B. Anxiety Disorders	329	252	79	24	684
	C. Depressive reactions adjustment disorders emotional disturbances	939	457	49	31	1,476
	D. Victims of Torture with follow up therapy.	1,759	133	14	2	1,908
III.	NEUROTIC DISORDERS					
	A. Hesterical neorosis	161	164	32	38	395
	B. Neorotic depression	350	217	15	7	589
	C. Psychoasthenia	424	240	28	18	710
	D. Phobic state	41	7	1	2	51
	E. Hypochondriac Neurosis	208	82	10	1	301
	F. Anxiety neurosis	440	144	24	7	615
IV.	PSYCHOSOMATIC DISORDERS	2,457	1,891	164	99	4,611
V.	OTHER DEPRESSIVE REACTION	193	158	31	20	402
VI.	DRUG DEPENDENCE					
	A. Cannabis	85	-	-	-	85
	B. Opium	28	-	-	-	28
	C. Heroin	21	-	-	-	21
VII.	POST CONCUSSION SYNDROM (Head traumas and head injuries)	503	141	56	20	720
VIII.	MENTAL RETARDATION	52	23	83	31	189
IX.	NEUROLOGICAL CASES	889	502	117	42	1,550
X.	EPILEPTIC DISORDERS Follow-up therapy	780	195	226	128	1,329
XI.	NUMBER OF PATIENTS REFERRED TO OTHER HOSPITALS	156	69	28	31	284
	TOTAL:	13,066	5,763	1,058	547	20,434

YEARWISE REPORT
of 1989:

No.		MEN	WOMEN	CHILDREN (0 - 18) MALE	CHILDREN (0 - 18) FEMALE	TOTAL
I.	PSYCHOTIC DISORDERS					
	A. Senile-presenile Dementias	77	56	3	4	140
	B. Acute and subacute confusional states	33	22	-	4	59
	C. Schizophrenic psychosis with follow up therapy	678	207	95	29	1,009
	D. Affective psychotic disorders					
	i- Depressive psychosis type	118	83	1	-	202
	ii- MDP Maniac type	81	49	-	-	130
	E. Paranoid state	259	119	24	7	409
II.	NON-PSYCHOTIC MENTAL DISORDER					
	A. Post-Traumatic Stress Disorders and Combat Neurosis	2,907	1,006	238	114	4,265
	B. Anxiety Disorders	1,143	512	244	97	1,996
	C. Depressive reactions adjustment disorders emotional disturbances	2,139	1,250	257	105	3,751
	D. Victims of Torture	122	2	-	-	124
	with follow up therapy	680	22	28	-	730
III.	NEUROTIC DISORDERS					
	A. Hesterical neurosis	69	133	30	69	301
	B. Neurotic depression	248	147	3	1	399
	C. Psychoasthenia	297	728	49	42	1,116
	D. Phobic state 69	87	69	39	33	228
	E. Hypochondriac Neurosis	200	161	23	-	384
	F. Anxiety neurosis	407	302	32	21	762
IV.	PSYCHOSOMATIC DISORDERS	1,801	1,810	291	210	4,112
V.	OTHER DEPRESSIVE REACTION	173	146	44	25	388
VI.	DRUG DEPENDENCE					
	A. Cannabis	88	-	7	-	95
	B. Opium	48	6	3	-	57
	C. Heroin	17	-	-	-	17
VII.	POST CONCUSSION SYNDROM (Head traumas and head injuries)	322	228	76	80	706
VIII.	MENTAL RETARDATION	88	32	109	70	299
IX.	NEUROLOGICAL CASES	968	295	195	103	1,561
X.	EPILEPTIC DISORDERS Follow-up therapy	1,545	470	628	296	2,939
XI.	NUMBER OF PATIENTS REFERRED TO OTHER HOSPITALS	48	28	15	11	102
	TOTAL:	14,643	7,883	2,434	1,321	26,281



THE MEDICAL STAFF OF PSYCHIATRY CENTER FOR AFGHANS



STUDENTS OF MEDICAL TRAINING COURSE AT PSYCHIATRY CENTER FOR AFGHANS

THE IMPAIRED MIND



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